

Pure Resolutions LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/27/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 5 times per week for 2 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Chiropractic Examiner

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Cover sheet and working documents

Utilization review determination dated 06/20/12, 07/10/12

Designated doctor evaluation dated 06/27/12

Request for reconsideration dated 07/03/12

Request for services dated 06/12/12

Functional capacity evaluation dated 06/08/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient lifted a motorcycle and noted severe low back pain. Functional capacity evaluation dated 06/08/12 notes diagnoses are lumbar radiculitis and lumbar sprain/strain. Treatment to date is noted to include MRIs, x-rays, epidural steroid injections, bilateral hemilaminectomy, medial facetectomy and foraminotomy at L4-5 on 12/20/11 and physical therapy. Required PDL is very heavy and current PDL is heavy. Request for services dated 06/12/12 indicates that the patient has undergone a course of individual psychotherapy. BDI decreased from 27 to 24 and BAI from 36 to 30. FABQ-W is 34 and FABQ-PA is 22. Designated doctor evaluation dated 06/27/12 indicates that current medications are Cyclobenzaprine and Lotrel. The patient could return to work without restrictions. The patient was determined to have reached MMI as of 02/22/12 with 5% whole person impairment.

Initial request for chronic pain management program 5 x week x 2 weeks was non-certified on 06/20/12 noting that the claimant has completed 20 sessions of work hardening/conditioning

and also psychotherapy with minimal progress. Post work hardening revealed BDI was 24 and BAI was 30. Given the poor response to previous attempts, there is no compelling rationale to suggest a chronic pain management program would have any greater impact at this time. The denial was upheld on appeal dated 07/10/12 noting that the claimant has now completed a plethora of treatments from physical therapy, medications, epidural steroid injection, work hardening, and surgery. The claimant has failed all avenues of care. He is still complaining of pain in the lower back with radicular symptoms into the left leg. The claimant has not been returned to work nor has there been an attempt at restricted/modified duties. The claimant meets more of the negative predictors of having good outcomes from participating in the program than positive predictors.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical information provided, the request for chronic pain management program 5 times per week for 2 weeks is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed a work hardening program; however, there are no progress notes submitted for review from the program. There is no clear rationale provided as to why the patient was unable to reach his required PDL during this program or why he was not returned to work on even a modified/restricted basis. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. As noted by the previous reviewer, the patient meets more of the negative predictors of having good outcomes from participating in the program than positive predictors. Given the current clinical data, the requested chronic pain management program is not indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES